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ABSTRACT

The increase in interlibrary loan (ILL) service, the desire of more institutions to share resources, and the unstable nature of grant funds to support such activity, led the Metropolitan Detroit Medical Library Group (MDMLG) to adopt a formal voluntary interlibrary loan agreement in 1970. In brief, the agreement states that borrowing libraries will not ordinarily request books and journals in current or recurring demand, bulky or fragile material, rare material in the original, photocopies of the extremely long articles, materials for class reserve or other group use, reference material in the original, or multiple copies of one article. The most significant addition to the agreement was the incorporation of a section that provides for an Evaluation Committee. The Committee is the mechanism through which the Group will make self-evaluations and recommendations for action as bureaucratic restraints grow from within. The primary purpose of the Committee is to monitor ILL policies not to administer them. An account of the Committee's efforts to collect data on ILL policies of the signatories of the Group's ILL Agreement, and its recommendations for a uniform policy is presented. (Author/NH)

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REPORT

No. 58

Study of Interlibrary Loan Policies

of the

Metropolitan Detroit Medical Library Group

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE
Library and Biomedical
Information Service Center
Detroit, Michigan

LI 003 042

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Study of Interlibrary Loan Policies

of the

Metropolitan Detroit Medical Library Group*

by

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INTRODUCTION

A diversity of institutions have a responsibility for strengthening the interaction of community service, medical education, and new knowledge for the advancement of health care. This imposes an important role on the health science libraries within these institutions, in that they must assume a responsibility in the dissemination of information to members of the health professions. Constraints on the amount of the scholarly record that a library can own do not relieve that library of providing access to the remainder of the scholarly record. This obviously dictates the demand for interinstitutional relationships to improve access to library resources; this access can only be attained through sharing and cooperation.

Congress realized the unique role that biomedical libraries play in the continuing education process of the biomedical community (establishment of the Medical Library Assistance Act - 1965). Health science libraries have also recognized the value of interdependence. They have a definable community, and provide services to a professional user group that is oriented toward service and continuing education. Each library within the biomedical community is unique and viable because of the initiative from which it was created. Marshalling the strengths of each into an interdependent organization would: (i) mean access to greater holdings, both within and outside the community, and (ii) result in greater economy. These are all justifications for the existence of what have come to be known as library networks. These networks have a complex development, and like singular libraries, are based on processes that are dependent upon communication, controls, and feedback. If they are to provide access to the scholarly record for the biomedical community, they must have rules, regulations, systematical administrative units, and a means to monitor them to insure that they perform the tasks for which they were created. This study involves one service aspect of a working biomedical library network, the Metropolitan Detroit Medical Library Group (MDMLG), and the attempt to monitor the service.

The biomedical resources of metropolitan Detroit are made accessible through MDMLG, which evolved from the Michigan Chapter of the Special Libraries Association (SLA), Biological Sciences Division. When the health sciences librarians realized a commonality of interests aside from those of the Biological Sciences Division, and their potential as a collective body, they began separate meetings. The specific time of these separate meetings has not been recorded (1). The following is a list of cooperative efforts made by the Group to date (2):

1953 - A journal indexing project to reduce the time lag between the time of journal publication and publication of indexes.

1962 - A Union List of Serials was produced with the holdings of nine libraries (now 20), with the prospect of over 40 libraries in 1971.

1962 - Institutions and agencies supporting medical publications supplied subscriptions to be used for exchange of foreign journals.

1964 - The initiation of the WSU School of Medicine Library and Biomedical Information Service Center report series, which undertakes studies on library administration and services. Fifty-seven studies have been produced to date.

1966 - A Union Card Catalog was started, to which over 20 libraries now contribute.

1966 - to date - A continuing series of workshops, seminars, and study groups.

1969-70 - The creation and adoption of a formal interlibrary loan agreement.

MDMLG is composed of 91 institutions, all of which are eligible for interlibrary loan (ILL) service from the only public biomedical resource library in the Detroit area, WSU Shiffman Medical Library (a participating library in the Kentucky, Ohio, Michigan Regional Medical Library Program). Realizing the constraints on the amount of the scholarly record they could own, and the problems that would be encountered by the existence of only one resource library in the area, the Group members elected to improve themselves individually and make their collections mutally accessible. The Group is composed of private, municipal, state, and federal institutions representing educational, industrial, research and clinical interests. Geographically, these institutions are located in nine counties throughout southeastern Michigan (Table 1).

Table 1

Number of MDMLG Institutions by County and Number of Signatories from Each County

County	No. of Insts.	No. of Signatories
Genesee	3	3
Huron	1	1
Ingham	1	
Kalamazoo	1	
Livingston	1	
Macomb	5	2
Oakland	13	9
Washtenaw	1	
Wayne	65	40
Total	91	55

In 1967, 19 of the Groups' institutions participated in a NIH survey on research activities in 524 of the nation's voluntary nonprofit, state and local government hospitals. Ten of the 19 were found to be affiliated with a medical school, and the total number of employees and attending staff engaged in research for all 19 totaled 792 (3). With this diversity of institutions and their individual activities, there is no standard that can be applied to them, for each has its own statement as to the kind, quality, and extent of library service that should be available. A survey of user services in 42 medical libraries in metropolitan Detroit found some 52 services being offered, 28% of which were items not included on the

survey questionnaire (4). However, with each institution in the Group maintaining its uniqueness, yet assuming the role of an access library through affiliation with MDMLG, the diverse biomedical resources of the Detroit area have been marshalled into a working library network.

The increase in ILL service, a desire of more institutions to share resources, and the unstable nature of grant funds to support such activity, led MDMLG, realizing the value of cooperation, to adopt a formal voluntary interlibrary loan agreement in 1970. The purpose of the agreement was to provide guidelines for those institutions subscribing to interlibrary borrowing and lending as essential to library service for health care personnel in the metropolitan Detroit area. The Interlibrary Loan Agreement of MDMLG is based on the Model Interlibrary Loan Code for Regional, State, or other Special Groups of Libraries, established by the American Library Association in 1969 (5). Those parts of the ALA's Model Code that were more relevant to a public library group were omitted from the MDMLG Agreement. In brief, the Agreement states that borrowing libraries will not ordinarily request books and journals in current or recurring demand, bulky or fragile material, rare material in the original, photocopies of extremely long articles, materials for class reserve or other group use, reference material in the original, or multiple copies of one article.

The most significant addition to the Agreement was the incorporation of a section that provides for an Evaluation Committee. The Committee is the mechanism through which the Group will make self-evaluations and recommendations for action as bureaucratic restraints grow from within. It is an effort to identify inter-institutional relationships as well as to analyze the effectiveness of the Agreement and make change when found necessary. The Committee is also responsible for calling an annual meeting of the Agreement signatories and for determining, in the event the Agreement is disregarded, if borrowing privileges should be denied an institution. Specifically, the Evaluation Committee exists to:

1) Collect and monitor data on the ILL policies of the signatories.

2) Make recommendations to the Group regarding ILL policies, based on data received.

3) Evaluate the quality of ILL service, based on data received.

4) Give consideration to the settling of difficulties among signatories.

5) Assess the tenets of the ILL Agreement in terms of present policies and practices.

Lastly, the Committee should seek to keep the membership cognizant that its primary purpose is to monitor ILL policies, and not to administer them. It can therefore only make recommendations regarding those policies.

The following is an account of the Committee's efforts to collect data on ILL policies of the signatories of the Group's ILL Agreement, and its recommendations for a uniform policy.

METHOD OF DATA COLLECTION

In order for the Committee to perform its responsibility for analysis and assessment of the Agreement, it decided to formulate a data base regarding inter-library borrowing and lending policies among its signatories. The Committee realized two alternatives for gathering this information: 1) ask that each signatory submit its ILL policy, or 2) design a questionnaire to be answered by each signatory; from either of these sources the Committee could make recommendations, and present them to the Group for acceptance or rejection as an arbitrarily synthesized policy. The latter alternative was chosen because of the need for specific answers, which could only be obtained through response to standard questions. A 25 item questionnaire covering policies regarding serials, books, photocopy, photocopy facilities, costs for services, and comments, was designed and sent to the libraries of the institutions that signed the Agreement (APPENDIX 1). When the questionnaires were returned, the answers were tabulated as to the number of institutions responding to each item, after which percentages were calculated as a graphic means to facilitate ease of comparison (APPENDIX 2). Based on the data received, recommendations regarding ILL policies for the Group were then formulated. These recommendations and the respective questionnaire items from which they were formulated were presented for scrutiny at a scheduled meeting of the Group. A second and final questionnaire was sent to each signatory asking for a vote of acceptance or rejection on each of the Committee's recommendations. The results of this vote (89% acceptance) were also presented at a scheduled Group meeting, at which time the recommendations were unanimously accepted as read by the body. This report represents the Committee's final step in the development of a policy program to accompany the Group's ILL Agreement. When it has been reviewed by each signatory, a vote will be taken to determine whether the recommendations shall become policy. If voted to become policy the recommendations will be binding for the signatories.

FINDINGS AND DISCUSSION

At the inception of the Committee's activities[1], 55 institutions had signed the Group's ILL Agreement. The ILL policy questionnaire was sent to each signatory, 95% (52) of which were returned. Throughout the survey, the no response rate was 29%. A precise evaluation of the data received would probably require that the kind and size of the institutions be considered with each data group. Because of limited representation within each category of institutions, type and size considerations did not seem practical. There are also no quantitative standards for the type of

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1. The Committee was appointed in April 1970. Its original members were Sister Patricia Thompson, D. C., Providence Hospital; Ellen Wilhelm, St. Joseph's Mt. Clemens, and James F. Williams, II., Wayne State University Medical Library

service that should be offered by the kinds of libraries included in this study. Hence, this and other library networks must rely on data gathered from studies such as this to generate recommendations toward standards.

Policies

The first section of the questionnaire deals with a library's policies regarding the lending of its resources, and stipulations which it may make in the process. In response to the form which each request should take, 42% of the respondents stated they would not require a typed ILL request form before processing requests, regardless of the form of the requested item (serial, book, photocopy). In conjunction with not requiring a typed request form, 62% stated a willingness to lend all forms of their resources by phone request (one-third of these stipulating that such requests be followed by an ALA form confirming the request, and one-sixth stipulating that it must be an emergency request). Regardless of the proven efficiency of the ILL form of the Association of College and Research Libraries which was adopted some 19 years ago, it must be noted that well over half the signatories still include phone requests as part of their ILL routine. As this is a time consuming task for both the borrower and lender, as well as a risky method through which to convey bibliographic information, this practice has either proven to be more efficient than mail service, or the majority of the library administrators have not taken the time to determine whether their ILL service is operating efficiently.

Of the institutions that operated or had access to photocopy facilities, 42% lend their serials only by photocopy, and 5% use this as the only method to loan books. This policy had definite advantages in that the immediate user group in the lending institution are practically guaranteed access to the current literature (which is used more frequently), ILL accessibility is improved for the borrower, and the lending institution's collection is stabilized or protected.

Conversely, in terms of loaning only in the original form, this was not found to be highly practiced, as the other half of the libraries preferred the option of lending both serials and books either in the original or by photocopy, depending upon the request. This was particularly true regarding the lending of books, as libraries can afford to be generous with book loans since they are in relatively small demand.

Fifty-six percent of the respondents do not require that an institution limit the number of requests for books or serials at one time, which probably reflects the relatively small number of large lenders in the Group. It seems logical that the propensity to limit the number of requests per institution per day is directly proportional to the number of requests received per day. This argument was supported in the respondents' comments regarding this question, the chief one being that limitations would be imposed with an increase in ILL requests. Surprisingly, 73% expressed an unwillingness to lend current issues of serials. Realizing that this figure includes the 42% that will provide photocopy of journal articles, this still leaves 31% of the signatories who have identified themselves as lending libraries and at the same time singled out the most heavily used category of literature and made it inaccessible. Such libraries must borrow current material from other libraries for their users, yet when it comes to lending it, they do not reciprocate. This is obviously a very short sighted policy, and should be restructured. If there is a

need for restricitions in this area, they should be based on the number of requests per institution, or better still on the geographic location of the borrower, instead of on the category of the material.

Though 42% will not lend serials in the original, over half, of the respondents will lend serial supplements, a possible explanation being that many supplements are of a monographic nature.

For those borrowing libraries that have access to messenger pick-up services, 65% of the respondents stated a willingness to supply requests for serials and books through their use. Forty-five percent will supply photocopy requests if such services are available. An unpublished study done by Van Toll at the WSU Medical Library sheds light on the invaluable role these services play in the improvement of accessibility to the literature. The study reveals that it takes 6.91 days between the time an item is requested from WSU and secured by the borrower (Table 2).

Table 2

The Time It Takes for an ILLRQ to be
Requested and Secured from WSUML
Through the Mail*

2.78	Days for ILLRQ to arrive from borrower
3.06	Days for ILLRQ to go from WSUML back to borrower
5.84	Mail days (total)
1.07	Days for ILLRQ to be processed at WSUML
6.91	Days (total turn-around-time for ILLRQ to be secured by borrower)

*Based on date of request from each ILLRQ form for the period March - April 1971

These figures are based on the date of request on each ILL request form, not postmarks. Using postmarks, it was found that it took WSU an average of four days to received 92% of its requests. A similar time study was done by Cruzat in 1965 (6). All institutions borrowing from WSU at the time (totaling 52) recorded the date of receipt of each loan on a form and returned it to WSUML. Using messenger pick-up services, it was found that 88% of the loans for original volumes were received within one day. Of the photocopy requests that were made, 70% were received in two days, and 25% were received between three and six days (through the mail). Five

percent took seven to sixteen days for receipt. Two days for receipt through the mail in 1965 as opposed to 6.91 in 1971 underscores what the vagaries of the mail system can do to the accessibility of the scholarly record through ILL. It still takes only 1.07 days for a request to be processed at WSUML (Table 2), meaning that if the borrower has access to messenger pick-up service, loans can still be secured within 24 hours, as in 1965. Realizing WSU's integral role in ILL among members of the Group, and the present turn-around-time involved in securing ILL requests, it is most fortunate that well over half the signatories will supply requests if the borrowing institution has access to messenger pick-up service.

In terms of using the U. S. Mail, 60% will use it for serial and book requests, and 54% use it to supply photocopy requests. Obviously, the majority of the respondents have seen that the time consumed in billing for postage or operating a stamp exchange would far exceed reimbursement (less than 10% require postage reimbursement), and that if they can afford to circulate library materials, postage expenses can be charged off as part of their administrative procedures.

Fifty-six percent will not limit the number of photocopy requests received from an institution at one time, however, the majority will impose a 30 exposure limit per photocopy request. Eighty-two percent will also correct photocopies containing errors, omissions, etc. without cost to the borrower. Only one institution refused to provide this service.

Though over half of the signatories stated a willingness to lend serial supplements, 67% will not photocopy an entire supplement; 18% stated they would if the supplement did not exceed 30 exposures.

Photocopy Facilities

Current literature is the most heavily used category of library material. The scientific journal has been, and still is, the basic unit of the scholarly record through which this form of literature is provided. The availability of inexpensive photocopy machines has made it financially feasible to photocopy from current issues rather than lend them. This matter has obviously evolved from one of policy to finances. Only 40% of the signatories possessed photocopy facilities operated by the library, however, 65% expressed availability of such facilities within the institution. Xerox Corporation products were predominant where such facilities were available (Table 3). As stated earlier, 42% use photocopy as the only means to circulate from their serials collection.

Table 3

Type of Photocopy Facilities Available Among Respondents

Type of Machine	No. of Machines	No. of Machines/Inst.*
Xerox	30	28
3M	3	2
Dennison	1	1
SCM	2	2
Thermostat	1	1
Olivetti	1	1
AB-Dick	1	1
Total	39	36

*Some institutions own more than one machine and were counted twice.

Costs

The majority of the respondents (74%) have been able to organize a means so ot to charge for processing filled ILL requests, but of the 5% that do have a essing charge, the average rate is $1.00 for filled requests and no charge for e unfilled. No one stated an additional charge for lending the volume in its inal format. Nine (16%) charge an average of $1.00 per request and $.15 per sure as a standard charge for photocopy. This number includes the 5% who have ocessing charge. In terms of billing, the questionnaire reveals that the itutions bill on a per request basis, which probably reflects upon the volume LL's they process. If their volume was low, it would probably be more practical stablish a maximum amount for free service or deposit account system to cover s for photocopy. No one made use of such arrangements, but five of the nine do lin intervals, the average being monthly. These institutions have obviously ized the valuable time spent in sending bills for each request, a process whose ation costs probably exceed the amount of the bill being sent.

When the policy questionnaire was sent to the signatories, the Committee asked ach library had a written ILL policy, and if so, to submit a copy of it to the ittee. To date, 20 (36%) have submitted their policies. They will, along with tionnaire answers of each institution, form the data base for Committee analysis, uation, and decisions.

Of comments that were made, the majority reflected upon the size of the aries, their limited amount of ILL requests received, and their predominance as owers. At the same time, they also expressed a willingness to cooperate in any possible to promote better access to biomedical literature.

OMMENDATIONS AND CONCLUSIONS

Although a wide range of policies exist among the signatories, there are common s regarding ILL that, if formulated as a composite policy, would result in the lowing:

1) Requests are accepted on ALA forms, or by phone.

2) Serials and books are loaned in the original format or photocopied.

3) There is no limit on the number of requests for books or serials at one time/inst.

4) Current issues of serials will not be lent.

5) Serials supplements will be lent.

6) Requests will be supplied if messenger pick-up service is available.

7) There is no limit on the number of requests for photocopy at one time/inst.

8) Requests for photocopy have an exposure per request upper limit of 30 exposures.

9) Entire serial supplements will not be photocopied.

10) Photocopy facilities are available.

11) Billing is done on a per request basis.

Realizing the diversity of institutions represented in MDMLG, each operating under unique administrative frameworks, and the need for interinstitutional cooperation because of commonality of interests as well as operational procedures (cited above), the Group's ILL Agreement has proven to be invaluable. Now that the Agreement has been adopted, it has generated another need; one for standardization of ILL policies. Through the Committee's questionnaire, and a series of Group meetings at which the prospective policy recommendation were viewed, evaluated, reviewed, edited, re-edited, and finally accepted as read, the Group was afforded the opportunity of introspection. Working within the framework of the survey data, the spirit of the Agreement, and the Group's introspective in-put, the Committee submits the following recommendations toward a uniform ILL policy for MDMLG:

1) All requests should be typed on a standard ALA ILL form.

2) Emergency phone requests should be followed by an ILL form, stating that it is a confirming order.

3) If serials supplements exceed 30 exposures, they should be loaned in the original format.

4) Requests supplied by mail should not require postage reimbursement, and should include one address label for each batch of requests (not a label for each request). Unless the label is included, the lending library reserves the right to refuse the request.

5) If there is a need to limit the number of photocopy requests per day/inst., the upper limit should be set at five. This number should be subject to annual review.

6) If there is a need to charge for photocopy, the charge should be $1.00 handling, and $.15 per exposure. These charges should be subject to annual review.

7) If there is a need to bill for ILL requests, billing should not be more frequent than once a month.

8) Bills sent from the loaning institution should be itemized to show number of requests, number of exposures at cost per exposure, service charge (if any), and total.

9) If there is a need to limit the number of exposures per photocopy request there should be an upper limit set at 30 exposures.

10) Signatory institutions must have and should submit a written ILL policy and its revisions to the Committee.

These recommendations are essentially a list of responsibilities which each institution within the Group will be asked to assume if they are instituted as a uniform ILL policy. To some institutions, the responsibilities will be new, and to those that had already assumed them, their efforts toward the improvement of

services to the biomedical community will now be more easily recognized as positive contributions. When one library improves access to the literature while others do not, that library may have to restrict its services and access to its collection because of the deluge of requests for its resources. This is not a method to encourage improvement, nor is it in keeping with the spirit of the Agreement. Acceptance of the recommendations will lead to dependability among borrowers and lenders through uniform policies. As ILL continues to grow in metropolitan Detroit, it will be through an understanding of, and assumption of, new responsibilities that MDMLG maintain and improve upon its efficiency as a working biomedical library network.

REFERENCES

(1) For a detailed description of the history of MDMLG see Mary McNamara: Establishing a medical library network for the Metropolitan Detroit area. Wayne State University. School of Medicine Library and Biomedical Information Service Center. Report no. 20, May 1964; Gwendolyn S. Cruzat: Metropolitan Detroit's Network....Bulletin of the Medical Library Association 56:285-91, July 1968.

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(4) Pendell, Sandra Hanes: Survey of user services in 42 medical libraries in metropolitan Detroit. Wayne State University. School of Medicine Library and Biomedical Information Service Center. Report No. 56, April 1970.

(5) For a detailed description of the history of the Agreement, see Joan Smith: The development of an interlibrary loan agreement among libraries in metropolitan Detroit. Kentucky-Ohio-Michigan Regional Medical Library. Papers and reports. No. 7, August 1970.

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APPENDIX 1

METROPOLITAN DETROIT MEDICAL LIBRARY GROUP - EVALUATION COMMITTEE - INTERLIBRARY LOAN POLICY QUESTIONNAIRE

Institution_____ Date_____

Policies

	Serials		Books		Photocopy	
	Yes	No	Yes	No	Yes	No
1. Will lend only by typed ILL request form						
2. Will lend by phone request (specify limitations)						
3. Will lend by photocopy only						
4. Will lend original only					XXXXX	XXXXXX
5. Will lend original or photocopy					XXXXX	XXXXXX
6. Are number of book titles requested limited? (specify)	XXXXXXX				XXXXX	XXXXXX
7. Are number of serials titles requested limited? (specify)			XXXXXXX		XXXXX	XXXXXX
8. Will lend current issue			XXXXXXX		XXXXX	XXXXXX
9. Will lend serial supplements			XXXXXXX		XXXXX	XXXXXX
10. Requests supplied if messenger pick-up available						
11. Requests supplied by mail						
12. Requests supplied by mail only if reimbursed						
13. Other policies (use additional page if necessary)						
14. Are number of photocopy requests limited? (specify)	XXXXXXX		XXXXXXX			
15. Are number of exposures per photocopy request limited? (specify)	XXXXXXX		XXXXXXX			
16. Photocopies containing errors, omissions, illegible copy, etc. may be returned for correction without cost to borrower	XXXXXXX		XXXXXXX			
17. Will photocopy an entire supplement	XXXXXXX		XXXXXXX			

Photocopy facilities

	Yes	No
1. Photocopy machine operated by the library		
2. Type of machine available in library or elsewhere	XXX	XXX

Costs

1. Do you charge for processing ILL requests? $____/filled request; $____/unfilled request;
2. If yes for 1, is there additional charge for lending original? $____/request
3. Do you have a standard charge per request for photocopy? $____/request; $____/exposure;
4. Is billing done per request?
5. Is billing by deposit account or similar special arrangement? (specify)
6. Is billing done in intervals, e.g. monthly, quarterly, etc.? (specify)

Comments

Signed_____

APPENDIX 2

METROPOLITAN DETROIT MEDICAL LIBRARY GROUP - EVALUATION COMMITTEE - INTERLIBRARY LOAN POLICY QUESTIONNAIRE**

Institution_____ Date_____

Policies	Serials		Books		Photocopy	
	Yes	No	Yes	No	Yes	No
1. Will lend only by typed ILL request form	28%	47%	29%	42%	33%	38%
2. Will lend by phone request (specify limitations)	62%	14%	65%	13%	60%	9%
3. Will lend by photocopy only	42%	28%	5%	47%	XXXX	XXXXXX
4. Will lend original only	4%	56%	25%	44%	XXXX	XXXXXX
5. Will lend original or photocopy	42%	29%	49%	20%	XXXX	XXXXXX
6. Are number of book titles requested limited? (specify) Average No. = 3	XXXX	XXXX	29%	53%	XXXX	XXXXXX
7. Are number of serial titles requested limited? (specify) Average No. = 4	18%	60%	XXXX	XXXX	XXXX	XXXXXX
8. Will lend current issue	14%	73%	XXXX	XXXX	XXXX	XXXXXX
9. Will lend serial supplements	54%	33%	XXXX	XXXX	XXXX	XXXXXX
10. Requests supplied if messenger pick-up available	70%	9%	60%	9%	45%	2%
11. Requests supplied by mail	70%	9%	50%	16%	54%	
12. Requests supplied by mail only if reimbursed	9%	56%	7%	42%	5%	36%
13. Other policies (use additional page if necessary						
14. Are number of photocopy requests limited? (specify) Average No. = 5	XXXX	XXXX	XXXX	XXXX	22%	56%
15. Are number of exposures per photocopy request limited? (specify) Average No.=30	XXXX	XXXX	XXXX	XXXX	45%	33%
16. Photocopies containing errors, omissions, illegible copy, etc. may be returned for correction without cost to borrower	XXXX	XXXX	XXXX	XXXX	82%	2%
17. Will photocopy an entire supplement	XXXX	XXXX	XXXX	XXXX	18%	67%

Photocopy facilities	Yes	No
1. Photocopy machine operated by the library	40%	42%
2. Type of machine available in library or elsewhere	XXXX	XXXX
Costs		
1. Do you charge for processing ILL requests? $1.00/filled request; $0.00/unfilled request;	5%	74%
2. If yes for 1, is there additional charge for lending original? $___/request		
3. Do you have a standard charge per request for photocopy? $1.00/request; $.15 /exposure;	16%	49%
4. Is billing done per request?	16%	33%
5. Is billing by deposit account or similar special arrangement? (specify)		44%
6. Is billing done in intervals, e.g. monthly, quarterly, etc.? (specify) Average = Monthly	9%	36%

Comments * Percentages based on answers from the 52 respondents of the 55 signatories.

Signed_____